	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece.</li> </ul>	A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery
_	- Mr. Lane Todd LaMure, Owner	
	Mr. James Frazer, Manager Station 22, LLC, Wilson Gas	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
	P.O. Box 11941 Jackson, WY 83002 SEP 0 5 2019	2019
	SDWA-08-2019-0042	100
	9590 9492 5097 0000 7575 54	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Delivery ☐ Certified Mail®
		☐ Certified Mail Restricted Delivery ☐ Return Receipt ↑ ☐ Collect on Delivery ☐ Merchandise
	7012 2210 0000 5373 8243	l Delivery Restricted Delivery lail Signature Confin Signature Confin Signature Confin Restricted Delivery (over \$500)
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt